

## Health Care During Contingency Ops

immediate needs and transport them to Landstuhl Region Medical Center for additional medical treatment. See page

CAPT Barbara Vernoski

Executive Director

The old Chinese proverb "May you live in interesting times" is now upon us as we adjust our healthcare services to care for our military brothers and sisters in combat and their loved ones at home

3 for TRICARE Europe deployment and contingency operation information.

Amidst the uncertainty and the fog of chaos that have followed the early morning hours of March 20, your commitment to serve those who are serving and their families rang loud and clear across our entire region.

We at the TRICARE Europe Office thank you for the outstanding jobs you are doing!

MTFs have been doing a wonderful job adjusting care delivery patterns in response to the deployment of MTF medical personnel. Those who have had to limit access to care at the MTF have found their local Preferred Provider Network spring into action by providing high quality care to those in need.

Our Public Affairs Officer, Mr. Troy Kitch, has done an outstanding job developing a myriad of TRICARE Europe

marketing products that address family member evacuations, issues ADFMs should consider when deciding to remain in this AOR or return to CONUS, and the superb Preferred Provider Network available to care for our families here. This information and more can be found on our TRICARE Europe website (See Page 3).

Photo by TSgt Justin D. Pyle

The TRICARE Europe staff has been busy behind the scenes supporting your calls for information, and TMA policy clarifications and waiver requests on a variety of issues including deployed reservists, local MTF care availability during times of increased military operations, and mandatory dependent relocations. Please keep these calls coming!

It is also important for us to remain vigilant for high stress levels and responsive to the need for increased healthcare services that historically are associated with times of international conflict. Reviewing preventive healthcare programs currently in place and training staff to be vigilant for signs and symptoms related to high stress levels among our patients and family members is a key component of our healthcare practice.

## TEO Senior Enlisted Advisor Bids Farewell

**MSgt Ron Peoples** 

TRICARE Europe Senior Enlisted Advisor

WOW!! What an exciting two decades this has been! These last few years at TRICARE Europe have been especially gratifying, and I would like to take this opportunity to *thank you* for allowing me to be a part of it all.

This is especially gratifying to me because Sembach Airbase was my very first duty station. There is a kinship among services, local nationals, and civilians here in Europe that goes beyond the spirit of cooperation and centers itself at the heart of life and healthcare at the tip of the sword.

I'm often asked to describe TRICARE Europe. I usually respond by talking about the three services, local nationals, and civilians, the large number of facilities (52), the eleven time zones, and the great land mass (six times the U.S.) under our responsibility, but of course it doesn't end there.

The best description of TRICARE Europe lies in the endless contributions of uniformed partners working together to help others in need. The uniform I refer to is being "identical with others," in delivering the best medical care and service possible, the uniform of caring.

Individual and collective accomplishments in our region have been recognized throughout the Military Health System, but our most important contribution continues to be the huge impact we have on the individual lives of men, women, and children in this theatre.

Thanks again for allowing me to be identified as one of your uniformed members. I have become a better person for having known and worked with so many caring people from all over Europe, Africa, and the Middle East.

I value all the support and friendship you have shown me while we served together. May God continue to Bless You All!!!!



Air Force Master Sgt. Ron Peoples, TRICARE Europe Senior Enlisted Advisor, retires July 1 after 20 years of service.

### Staff Offers Thanks, Praise to MSgt Peoples

CAPT Barbara Vernoski

Executive Director

On behalf of the entire TEO staff, I want to thank MSgt Ron Peoples for his outstanding service to his country as he retires from a stellar career in the United States Air Force.

MSgt Peoples has been our Senior Enlisted Advisor and the backbone

of our TEO training and claims department for the last four years.

Always there for our beneficiaries and newly reporting staff, he has brought an unparalleled level of professionalism and expertise to his job.

MSgt Peoples, on behalf of BG Granger and your fellow TEO staff,

we thank you for a Job Well Done, and wish you and your family the very best in all you do.

It has been an honor and privilege to serve with you!



### Information is Just a Click Away ...

### **TRICARE During Contingency Operations**

**Troy Kitch** 

TRICARE Europe Public Affairs & Marketing

Beneficiaries in Europe, Africa, and the Middle East want to know how their health care is affected by ongoing contingency operations in Iraq — a fact that our TRI-CARE Service Center representatives know very well as they continue to meet a heightened demand for assistance and information from deployed Reserve Component members, Active Duty family members, retirees, and others.

The following is a synopsis of where to find current information on TRICARE Europe's web site for use in answering some of the many questions that may arise

over the coming weeks. We know that this information won't cover all of the scenarios you are likely to face, but we hope it is a handy tool for you and your customers. If you cannot find what you are



looking for on our site, please let us know.

### **New and Updated Information**

We have added a Contingency Operation & Deployment information page to our site, as well as an updated page that deals exclusively with Reserve Component Information. Both sites are easily accessible from our home page. You will also find a new button on our home page titled "MTF Capabilities" that lists availability of services for select military Medical Treatment Facilities in Europe.

#### **News Releases**

The following recent news releases are available for your use. Select the "News Room" button in the left hand column of our home page to access the following:

ORelease Number 03-09: New TRICARE Benefits for Activated Reserve Component Members and Their Families

ORelease Number 03-08: TRICARE for Voluntary and Mandatory Family Member Evacuations
ORelease Number 03-06: TRICARE Europe Preferred Provider Network Set to Meet Beneficiary Needs
ORelease Number 03-05: Is Your Sponsor Deployed?
Health Care Considerations for Active Duty Family Members Enrolled in TRICARE Europe Prime

### **New FACT SHEETS & Brochures**

The following products have been added to the site within the past two weeks for your use.

OFS 15 - Health and Dental Benefits for Reserve Components Deployed Overseas for Contingency

Operations
OFS 16 - Your
Preferred Provider
Network
OA Reserve
Component Tri-Fold
Brochure, available
on our Marketing
Downloads page.

#### **Available Tools**

TRICARE Europe's web site also offers

several tools to help with MTF management. Click on the "MTF Facility" and "MTF Commander" buttons in the left hand column of our home page for access (Note: Several of these tools are available only for MTF commanders and key staff and require a user name and password. Contact us via our web site or E-mail teoweb@europe.tricare.osd. mil for more information).

#### **Getting the Word Out**

TRICARE Europe distributes news releases and advisories to all theater base/post command newspapers, as well as AFN and Stars & Stripes.

We are actively engaging Stars & Stripes and AFN to push information out about TRICARE Europe during this contingency operation.

We encourage you to engage your supporting Public Affairs Office to get the word out about your particular programs. Lastly, please contact us if you have ideas or suggestions to improve TRICARE Europe marketing and public information products.

## First Phase of PPN Adequacy Study Complete

Col James Rundell

TRICARE Europe Medical Director

TRICARE Europe officials now have a clearer picture of the capabilities and limitations of the Preferred Provider Network in the event that contingency operations result in surges of TRI-CARE patients to the PPN in the coming weeks and months.

With the recent completion of a theater-wide analysis of the adequacy of the PPN at each of our 41 military Medical Treatment Facilities, MTF commanders now have new tools to capitalize on their strengths and address any potential problems with their local PPN.

Now that we have this baseline, the TRICARE Europe
Network Adequacy Project will focus on the following steps to
ensure uninterrupted access to quality care for our beneficiaries:

Add the provider satisfaction survey data to MTF specific
information to address the ability and willingness for host nation
providers to absorb additional workload that contingencies may
create. Approximately 400 Host Nation provider satisfaction
surveys have been returned to date. Ninety-three percent of
providers indicating they are satisfied with TRICARE Service

Center support and timeliness/amount of payment. Eightyeight percent stated that they are willing to see more TRICARE beneficiaries. When we have a larger return rate we will analyze this by provider specialty.

• Identify MTFs' capacities to absorb additional workload through:

- ①Circuit riding capabilities
- 2 Network development and enlargement
- ③Contingency planning prioritizations (e.g., prioritized backfill needs)
- Analysis of inpatient capacity to surge
- OAddress network management strategies to optimize Tricare Service Center staff during surges. For example, mapping the MTF's illustrates that we have numerous overlapping markets, especially across Germany. This gives us the opportunity to define consolidated managed care markets therefore decreasing overlap and duplication of effort and identify a potential for significant financial savings.
- OIntegrate quality of care policy directives into the network adequacy project.

# CONUS-only Program Offers Improved Benefits TRICARE Retirement Dental Program News

Dr. George Schad

TRICARE Europe Dental Program Director

TRICARE Management Activity recently awarded Delta Dental Plans of California a five-year contract renewal to administer the TRICARE Retiree Dental Program (TRDP) effective May 1. This program offers affordable benefits to the nations 4.2 million uniformed

services retirees and their family members.

Enrollment benefits are limited to beneficiaries seeking care in the 50 U.S. states, District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, Commonwealth of the Northern Mariana Islands and Canada. OCONUS retirees and their family members may enroll in the program and use their benefits whenever they return to one of the above locations,

but benefits are currently unavailable in Europe, Africa, or the Middle East.

The new contract does not extend enrollment and benefits to OCONUS areas because retiree organizations reportedly expressed little interest in this proposal. If you know of retirees who may be interested in seeing the TRDP extended overseas, please ask them to voice their concerns through their respective retiree organizations.

Many enhancements have been made to the TRDP under this new contract. One of the added benefits this year is the reduction from 24 months to 12 months for the mandatory enrollment obligation. The annual maximum benefit has been increased from \$1000 to \$1200. The \$50 annual deductible per family member

has been changed to a maximum limit of \$150 annual deductible for the entire family.

The lifetime orthodontic maximum has been increased from \$1000 to \$1200. Benefits have increased from 30% to 50% of the allowable charge for crowns, bridges, and prosthodontic work after a 12-month waiting period.

The amount of time retirees have to enroll in the program after their retirement date, to avoid the 12-month waiting period, has also been increased from 90 to 120 days.

Information on the TRDP is

available on the web at www.trdp.org or by calling toll free in the U.S. at 888-838-8737.

Information is also available by contacting the TRICARE Europe Office at DSN 496-6358 or commercial 49 (0) 6302-67 -6358. You may also contact us by email at george.schad@europe.tricare.osd.mil.



### **Regional Operations**

# July 5 July 15 July 15

**CPT Tim Hoiden** 

Deputy Director, Remote Site Healthcare Program

Members of the TEO Staff conducted a TRICARE Basic Benefits Course in Cambridge, England January 22-24. Twentynine individuals attended the training from military Medical Treatment Facilities from the United Kingdom, Iceland, Spain, Italy and Germany, as well as remote site Points of Contact attended from Russia, Finland, Albania and Norway.

Topics presented at the Course included the History of TRICARE, the organization and concept of operations of TRICARE, the basic TRICARE benefit, Claims Processing, and many others. The overall objective of the course was to provide basic, introductory instruction to healthcare providers (doctors, nurses, physician assistants) and newcomers to the TRICARE business.

The feedback from the course participants was very positive.

In addition to providing general information, the site

also offers beneficiaries the ability to review the status

Specifically, the small class size, the informal and relaxed learning environment, the ability to focus on overseas-unique issues, and the considerable cost-savings all were cited as elements that contributed to a very successful training event.

TEO understands there is a need to train individuals in overseas-unique aspects of the TRICARE program which the TBASCO course does not achieve. The leadership at TEO is dedicated to providing this valuable training twice a year.

TEO would also like to offer similar training events throughout the year at local facilities if necessary. TEO will provide the instructors and the training materials; the hosting facility must coordinate billeting, classroom, and other local logistical requirements.

If you have an interest in attending or hosting one of these events, contact the TEO Regional Operations Division at DSN 496-6347 or email timothy.hoiden@europe.tricare.osd.mil.



status and obtain duplicate TRICARE EOBs.

Visit TRICARE4u.com for more information.

# TRICARE Europe Beneficiary Feedback

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

**Q:** I just recently PCSed from Germany back to the U.S. I took 30 days of leave en route and had to bring my wife to the Emergency Room during this time. Upon in-processing at my new unit they told me I must send this bill to TRICARE Europe. What do I need to do to take care of this bill?

A: You remain enrolled in TRICARE Europe for 60 days from the date you depart Europe. This ensures that you have continued coverage while en route. Now that you are at your new duty station, you should transfer your enrollment to your new region immediately. As for your wife's ER visit, you do need to file your claim with WPS (TRICARE Europe's foreign claims processor) because she was enrolled in our region at the time of her treatment.

**Q:** I am an Active Duty soldier stationed in the U.S. My children are currenty living with their mother in a TRICARE Europe Prime Remote location in Europe (i.e. more than 50 miles from a military Medical Treatment Facility). My children are already enrolled in DEERS – What can I do to get TRICARE benefits for them?

**A**: If your children are DEERS eligible, they may use TRICARE Standard. Because your children are in a remote location without you (their sponsor), they will not be eligible

for TRICARE Europe Prime Remote. Your children may see any civilian provider, but you may find that a number of cilivian providers require up-front payment. In this case, you must pay and then file for reimbursement. When filing for reimbursement with TRICARE, clearly annotate somewhere on the claim form to PLEASE PAY PATIENT if you were required to pay up front. If you have Other Health Insurance (OHI), the OHI company is required by law to be first payer. In this case, any claims from your children's care must first be sent to your OHI first and then filed with TRICARE afterwards. Your OHI Explanation of Benefits must be included when filing a secondary claim with TRICARE.

**Q:** I am having trouble filling out an online TRICARE Europe Customer Comment card online. Am I doing something wrong?

The online Customer Comment Card form allows you to select from over 8,000 providers. Downloading this form might be problematic if you are attempting to complete the form using a slow modem connection, or when there is heavy internet traffic. You may try to submit your comments online during off-hours (before Central European business hours is the best time) when Internet traffic is lightest. If you are still unable to connect, please consider downloading the Microsoft Word version of the form at: https://telemed.europe.tricare.osd.mil/main/commentcard/HostNationCustomerCard.doc. You may either e-mail completed forms to TRICARE Europe at teoweb@europe .tricare.osd.mil or fax them to 06302-67-6378 (DSN 496-6378). We are currently revising the Customer Comment Card to make it run more efficiently for our customers.

## Public Affairs & Marketing Update

### **Orders On the Way**

April orders of the TRICARE Prime Passport, Health Care Information Line kits, and Take Care of Yourself/Child books should begin arriving soon. Don't forget to verify receipt of your orders online, via e-mail, or phone. We cannot pay the contractors that provide these products until we verify receipt.

### **Beneficiary Newsletter Change**

The Beneficiary Newsletter is no longer an attachment to the Compass. It will be distributed separately and posted on the TRICARE Europe Beneficiary News page of our website at www.europe.tricare.osd.mil/benefit/reserve\_ng.asp. We made this change to prevent confusion between this product and the *Compass*.

We have as yet received no feedback from you about this new product. Are you using the beneficiary newsletter? Is it helpful? Please let us know what you think.

### **New Products**

As a reminder, here is a sample of some of the products available online at www.europe.tricare.osd.mil:

- O April 2003 Passport Download O New Fact Sheets O New Marketing Downloads O Updated website information
- O News releases and Advisories O Contingency Information Not finding what you are looking for? Let us know and we'll help you find it. Also let us know how these products meet your needs, and please send suggestions for new

marketing products that would help you do your job.

### **New Administrative Assistant**

Mrs. Brenda Marshall, our new Public Affairs & Marketing Administrative Assistant, arrived April 7. She will now be your primary POC for future marketing orders and training. You may reach Brenda at brenda.marshall@europe.tricare.osd.mil or DSN 496-6315.

### Managed Care Optimization and Analysis Tool Now Online

**Allison Russo** 

TRICARE Europe Data Analyst

In February, the TRICARE Europe Office launched the Managed Care Optimization and Analysis Tool (MCOAT). MCOAT is a password protected, web-based delivery system that allows the user to view purchased care data on a regional, service, and MTF level. It is directed toward spotting trends and identifying opportunities for increased optimization, access, and quality.

#### What MCOAT Can Do For You

Traditionally, OCONUS MTF leaders and staff have been very limited in the oversight and analysis of purchased care workload and costs. As the OCONUS claims data currently exists in the MHS Data Mart, it is often difficult to perform an accurate and correct assessment of purchased care activity from that data source alone. MCOAT combines data files from both internal and external data sources and produces a "clean" database of claims information that can be linked to specific MTFs.

MCOAT will provide data and information to Commanders and staff that drive decisions related to improving managed care. MHS leaders will now be able to identify opportunities for MTF workload recapture within specific specialties, therefore improving MTF care and resources that meet the needs of beneficiaries.

Conversely, MCOAT will also enhance the identification of potential outsourcing of specialties in the event of mission changes and large deployments. The tool will also provide a better assessment of the economic impact of MTF staffing changes and availability.

In addition, the accessibility of adequate care within remote areas can also be monitored using MCOAT. The identification of population health needs are enhanced because analysts now have the ability to access not only direct care data, but also purchased care information. Finally, the availability of reliable and complete purchased care data is crucial to OCONUS leaders as they seek to make informed decisions involving medical readiness and the consistency of care delivered to TRICARE

MCOAT Custom Report Q	Query Wizard				
Build your own custom report in 3 ea	asy steps!				
First, specify the type of report, and facilities and catchment area(s) for	d the dates to include, along with the treatment which you want data.				
Step 1 - Select report type.	Help				
Report Type*	C Institutional © Non-Institutional				
Fiscal Year*	□ 2000 □ 2001 □ 2002 ☑ 2003				
Fiscal Quarter*	<b>V</b> 1 <b>V</b> 2 <b>V</b> 3 <b>V</b> 4				
Medical Treatment Facility (MTF)*	- Selectione or more - △ Aviano				
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* Indicates a required field	Reset Next to Step 2->				

beneficiaries.

The two main components of MCOAT include the Custom Report Query Wizard and the Summary Report Wizard. The Custom Report Query Wizard allows the user to build custom queries that pull specific data related to an organization's individual needs. This data can then be downloaded into Excel and used for individual analyses and reports.

### MCOAT Components

The Summary Report Wizard allows the user to review and download pre-defined summary reports at the regional, Service, parent and individual MTF level. The report formats currently available in the Summary Report Wizard include Cost and Workload by Fiscal Quarter, Cost and Workload by Beneficiary Category, and Cost and Workload by Medical Category. Additional formats will be added to future releases based on user needs and feedback.

Access to MCOAT requires a user name and password, which can both be obtained by contacting TEO's Information Systems and Analysis Office at DSN 314-496-6322 or teoweb@europe.tricare.osd.mil . Intended users include MTF Commanders and staff, Component Surgeons and staff, Managed Care Officers, Health Benefits Advisors, Network Coordinators, and Lead Agent staff. MCOAT training will be hosted by TEO during April and May, and additional information on training dates and times can be found at https://telemed.europe.tricare.osd.mil/main/mcoat/default.asp.

Cost and Workload by Fiscal Quarter:							
Ramstein - 0806	01	02	03	04	All		
I. Institutional Claims	Q.	QZ	62				
Number of Admissions	69	74	55	81	279		
Bed Days	388		6 14717	2.300.0	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Average Length of Stay	5.62	6.35			5.90		
Total Government Cost	\$228,953,09	\$287,911,46	\$409,117,26	\$182,271,66	\$1,108,253.47		
Total Patient Cost		\$27,806.83			\$51,950.94		
Average Gov't Cost per Admission	\$3,318.16						
II. Non-Institutional Inpatient Clair	ms			4 5			
Number of Visits	272	357	260	236	1125		
Number of Services	404	492	440	425	1761		
Total Government Cost	\$52,876.65	\$64,474.73	\$55,110.95	\$49,093.99	\$221,556.32		
Total Patient Cost	\$94.06	\$730.11	\$32.31	\$251.84	\$1,108.32		
Average Gov't Cost per Visit	\$194,40	\$180.60	\$211.97	\$208.03	\$196.94		
III. Non-Institutional Outpatient Cl	aims						
Number of Visits	2029	2348	2616	2197	9190		
Number of Services	4226	4174	4581	4716	17697		
Total Government Cost	\$309,317.99	\$336,328.43	\$412,280.60	\$425,114.01	\$1,483,041.03		
Total Patient Cost	\$2,950.04	\$27,082.76	\$27,278.13	\$9,960.89	\$67,271.82		
Average Gov't Cost per Visit	\$152.45	\$143.24	\$157.60	\$193.50	\$161.38		
IV. Total Inpatient and Outpatient (	Care						
Total Admissions	69	74	55	81	279		
Total Number of Visits	2301	2705	2876	2433	10315		
Total Number of Services	4630	4666	5021	5141	19458		
Total Government Cost	\$591,147.73	\$688,714.62	\$876,508.81	\$656,479.66	\$2,812,850.82		
Total Patient Cost	\$3,044.10	\$55,619.70	\$46,757.34	\$14,909.94	\$120,331.08		

## Third Part Liability and Claims

Courtesy TRICARE Management Activity

One of the more common issues that complicate the processing of TRICARE claims is the requirement to document possible Third Party Liability (TPL). If a TRICARE beneficiary is injured as a result of an action or the negligence of a third person, the TRICARE contractor must consider possible liability prior to processing the claim.

If appropriate, the contractor must pursue the Government's recovery rights under the Federal Medical Care Recovery Act.



If the liable third party has other health insurance (OHI) — including auto or homeowner's medical insurance, no-fault auto, or uninsured motorist coverage — that does not cover all expenses, TRICARE will coordinate as secondary coverage.

If the OHI pays the bill in full, TRICARE will pay nothing. To the beneficiary, the visible evidence of this requirement is

a letter from the claims processor requesting a completed DD Form 2527 (Statement of Personal Injury-Possible Third Party Liability).

### For stateside claims

If the requested TPL form is not received within 35 days of the initial request, the claim must be denied.

#### For overseas claims

The claims processor will process the claim without the TPL form and simultaneously send the TPL form to the beneficiary to be completed and returned to WPS (pay and chase). WPS then identifies that the TPL form was received and then forward it to

the respective Government Recovery Offices via TEO to recoup the money.

The decision whether or not to request a TPL determination is based upon the diagnosis on the claim. All inpatient claims with a diagnosis code between 800 and 999 require an evaluation of TPL. The same is true for any outpatient claim with the same range of codes, in which the TRICARE liability exceeds \$500.

The 800 to 999 code range includes fractures and dislocations, sprains, most injuries and wounds, contusions, possible complications of injury such as shock or embolism, poisonings, and complications associated with surgical or medical care. Using the completed TPL form, the TRICARE contractor can determine whether or not to pursue reimbursement.

The most common complaints about this process are "...I just slipped and there was no other person involved... why do I have to complete the form...?" or "...I have already sent a form, why must I send another...?" Concerning the first complaint, TRICARE has no way of knowing whether a broken wrist or head injury was caused by a driver rear-ending you at a stop light, or whether you slipped in your own yard and hurt yourself.

The TPL form helps make this determination. In the second complaint, each claim in an episode of care is processed independently. If the claims processor does not make the connection between two or more claims, it may send out duplicate requests for a TPL form.

The easiest way to face this situation is to make a copy of any correspondence sent to the TRICARE claims processor. Rather than try to coordinate with the contractor to locate lost or misplaced paperwork, it is often easier just to mail or fax another copy of this important form.

A copy of the DD Form 2527 can be downloaded and printed from www.tricare.osd.mil/claims/.

### **MTF Optimization Tool Tips**

Trouble viewing TRICARE Europe's online MTF Optimization Tools? Here are some tips from TRICARE Europe's Information Systems and Analysis team.

- O Review the "Getting Started" page recently added to the Optimization Tool web page at www.europe.tricare.osd.mil/main/informationsystems/optimizev2/getting\_started.asp
- O The graphs on the MTF Optimization Tool are generated by a third-party graphing tool that runs on a different port than normal web traffic (port 81 in this case). It is possible that this port has been blocked by your LAN's firewall. In this case, you'll need to contact your network's IT staff to request this port be opened.
- O A second difficulty encountered by some users is that a Flash plug-in is required to view the graphs. This plug-in will install automatically. Of course, a user must have permission to install software downloads and some networks do not give users this permission. Contact your system administrator for assistance in this case.

### **BCAC** of the Quarter

Congratulations to Ms. Rita Arico, **Beneficiary Counseling And Assistance** Coordinator of the Quarter! At right, Ms. Arico receives her award from CAPT Denzel Garner, Commanding Officer, U.S. Naval Hospital Sigonella. Arico manages the TRICARE Service Center at U.S. Naval Hospital Sigonella, Italy. The Sigonella TSC assists 6000 active duty, family members, retirees, DoD civilians, and contractors. The office has approximately 1200 patient encounters per quarter for benefit questions, patient appointments, birth registrations, and coordination of care issues within the Italian community.



# What's Covered, What's Not

Courtesy TRICARE Management Activity

One of the most frequent questions TRICARE reps receive is "what medical benefits or medications are covered?" In general terms, most medically appropriate, non-experimental treatment for a covered illness or injury is approved by TRICARE. What does this mean to the beneficiary seeking treatment?



First, medically appropriate. TRICARE provides medical care in accordance with currently accepted treatment standards of the medical community. Based upon medical history, symptoms, diagnosis, and professional judgment, the provider may perform appropriate testing and treatment.

Normally, the less invasive and complex diagnostic tools must first be utilized, unless the provider furnishes medical evidence to support an exception. If the

provider disagrees with TRICARE on the appropriate treatment, there are a variety of appeal procedures available to secure appropriate and timely treatment for the patient.

Second, experimental procedures. TRICARE will not cost share unproven or experimental treatments. Some new treatments receive significant publicity but, upon further medical evaluation, prove to be either harmful or ineffective. These

treatments are not covered.

On the other hand, there are new procedures and products that, after evaluation, prove to advance medical boundaries in the diagnosis and treatment of injury or disease. After a new product or procedure receives FDA approval, TRICARE performs a technical appraisal and, if feasible, adds the new treatment to the long list of approved TRICARE benefits.

Last, covered illness or injury. TRICARE does not cover most cosmetic procedures, nor does it cover services by unauthorized providers such as chiropractors or acupuncturists. Most illnesses and injuries are considered covered conditions.

The important thing to remember is to contact an expert, usually a health care finder at the nearest TRICARE Service Center, to discuss clinical aspects of your case. Unique characteristics of your condition may mean a treatment that is normally not covered may be approved by TRICARE.

Examples include adjunctive dental care and cosmetic surgery in response to disfigurement, such as breast reconstruction or repair after burn injuries.

The TRICARE Handbook provides information on both covered and non-covered benefits. Likewise, the TRICARE Policy Manual contains detailed information about your benefits. Both publications are available on line and can be accessed through the pull-down menu on the TRICARE website (www.tricare.osd.mil).

Your Passport to Quality Health 2 2 TRICARE Europe

The TRICARE Europe Compass is published quarterly by the TRICARE Europe Office, Unit 10310, APO AE 09136-0136.

Readers with questions or comments may contact us at: TRICARE Europe Office Public Affairs DSN: 496-6315 or Comm: 00-49-0-6302-67-6315 E-mail: teo.pao@europe.tricare.osd.mil Article and photo submissions are welcome 
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